## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together v.

applicable fee(s), to: Mail Mail Stop ISSU

Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifical	ed below or directed oth	ig the I erwise	Patent, advance or in Block 1, by (a	ders and notification ) specifying a new co	of m	aintenance fees woondence address;	ill be n and/or	nailed to the current of (b) indicating a separ	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
38881	7590 08/07	/2009				Cert	ificate	of Mailing or Transn	nission	
DICKSTEIN SHAPIRO LLP						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile				
1633 Broadway NEW YORK, NY 10019						addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
									(Depositor's name)	
									(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		TOR	<b></b>		RNEY DOCKET NO.	CONFIRMATION NO.	
10/598,054 06/18/2007 TITLE OF INVENTION: INTEGRATED CIRCUIT ARRANGEMENT			D ANICEMENT	Jurgen Fischer	r 10046.0111 9614					
TITLE OF INVENTION	: INTEGRATED CIRCU	JITAR	KANGEMENI							
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0		\$1810	11/09/2009	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
SODERHOLM, KRISTA Z			2826	257-701000						
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	то в	E PRINTED ON 1	THE PATENT (print o	r type	e)				
PLEASE NOTE: Unl	ess an assignee is ident h in 37 CFR 3.11. Comp	ified be	elow, no assignee of this form is NO	data will appear on th Γ a substitute for filing	he pa	tent. If an assigne	ee is id	entified below, the do	cument has been filed for	
(A) NAME OF ASSIG				(B) RESIDENCE: (C		and STATE OR C	and or	ž		
Infine	eon Tech	no	logies	AG -		-Neu	bil	berg, G	ermany	
Please check the appropri	*		-			Individual ACo	rporatio	on or other private gro	up entity Government	
4a. The following fee(s):	4b	ed.			iously paid issue fee s	hown above)				
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies					Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-224 (enclose an extra copy of this form).					
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu							TTY status. See 37 CF		
	d Publication-Fee (if requ	uired) v	vill not be accepted	I from anyone other th	an th	e applicant; a regi	stered a	ttorney or agent; or the	e assignee or other party in	
	./0	/ /		111 tma		<b>D</b> .	1	1/6/0	9	
Authorized Signature  Typed or printed name	10000	C.	Poruh	nan	~	Date Registration N	0	38,395		
an application. Confident submitting the completed this form and/or suggesti	tiality is governed by 35 application form to the	U.S.C. USPT	122 and 37 CFR O. Time will vary	1.14. This collection is depending upon the incomment of the collection of the colle	s esti indivi ifficei	mated to take 12 n dual case. Any co	ninutes mments Tradem	to complete, including s on the amount of time ark Office, U.S. Depa	by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.